

QUARTERLY STATEMENT

AS OF March 31, 2008

OF THE CONDITION AND AFFAIRS OF THE

Health Plan of Michigan, Inc.

NAIC Group Code	0000 (Current Period)	,		ompany Code	52563	Employer's ID Number	38-3253977
Organized under the Laws o	,	Michigan	,	State of Domi	cile or Port of Entr		Michigan
Country of Domicile		United States of Ameri	са	_			
Licensed as business type:	Life, Accident & Dental Service (Other[]		Property/Casualty[] Vision Service Corpor Is HMO Federally Qua		Health	I, Medical & Dental Service or Maintenance Organization[X]	Indemnity[]
Incorporated/Organized		12/31/1995		Comme	enced Business	12/31/1	995
Statutory Home Office		777 Woodward Ave		,		Detroit, MI 48226	
Main Administrative Office		(Street and Nu	mber)		Ave. Suite 600 nd Number)	(City, or Town, State and Zip C	code)
		Detroit, MI 48226				(313)324-3700	
Mail Address	(City or	Town, State and Zip Code)	Cuita 600			(Area Code) (Telephone N	lumber)
Mail Address		777 Woodward Ave				Detroit, MI 48226 (City, or Town, State and Zip C	Code)
Primary Location of Books a	nd Records	(Olloot and Hambor t	7 1 . O. BOX)		Same	(Oily, or Town, Olato and Esp C	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
•				(S	treet and Number)		
	(0:1	Same,				(313)324-3700	
Internet Website Address	(City, or	Town, State and Zip Code) www.hpm	ich.com			(Area Code) (Telephone N	lumber)
Statutory Statement Contact		Jon B. (Cotton			(313)324-3705	
•		(Nan	ne)			(Area Code)(Telephone Numbe	r)(Extension)
	Jcc	tton@hpmich.com (E-Mail Address)				(313)202-0075 (Fax Number)	
			Name David B. Cotton M.D. Thomas Lauzon Janice Torosian	Title President/CEO Secretary/CIO Treasurer/CFO			
			OTH	ERS			
		George Ellis	DIRECTORS O	R TRUSTI	EES Kimberly H	Harper	
		Thomas Lauzon					
	higan ayne ss						
the herein described assets with related exhibits, schedule said reporting entity as of the Statement Instructions and Areporting not related to account	were the absolute pes and explanation reporting period st occounting Practices and the related correct the	property of the said repor s therein contained, ann ated above, and of its in s and Procedures manual d procedures, according esponding electronic filin	ting entity, free and clear exed or referred to, is a fix come and deductions the al except to the extent that to the best of their inform g with the NAIC, when re	from any liens of ull and true stated refrom for the pe at: (1) state law mation, knowledge quired, that is an	r claims thereon, e ment of all the ass riod ended, and ha nay differ; or, (2) the and belief, respec- exact copy (excep-	entity, and that on the reporting xcept as herein stated, and that ets and liabilities and of the cor ave been completed in accordat at state rules or regulations reconstitutely. Furthermore, the scope of for formatting differences due	at this statement, together addition and affairs of the noce with the NAIC Annual quire differences in this attestation by the
-	(Signature)		(Signa	ture)		(Signature)	
	B. Cotton, M.D.		Thomas			Janice Toros	
(P	rinted Name) 1.		(Printed 2.	,		(Printed Nam 3.	e)
<u></u>	President		Secre			Treasurer	
	(Title)		(Title	e)		(Title)	
Subscribed and sworn day of	to before me this	, 2008	2. Date f	he amendment r		Yes[X] No[<u> </u>

(Notary Public Signature)

ASSETS

	AUU		urrant Ctatament De	4	
		1	urrent Statement Da 2	3	4
		I	2	Net Admitted	December 31,
			Nonadmitted	Assets	Prior Year Net
		Assets	Assets	(Cols. 1 - 2)	Admitted Assets
1.	Bonds	12,786,979	7.00010		
		12,700,979		12,700,979	12,700,507
2.	Stocks:				
	2.1 Preferred stocks	· ·			
	2.2 Common stocks	144,801		144,801	
3.	Mortgage loans on real estate:				
	3.1 First liens				
	3.2 Other than first liens				
4.	Real estate:				
	4.1 Properties occupied by the company (less \$0				
	encumbrances)				
	encumbrances)				
	4.3 Properties held for sale (less \$ 0 encumbrances)				
5.	Cash (\$44,750,604), cash equivalents (\$0) and short-term				
J.	investments (\$6,001,690)	E0 7E2 204		E0 7E0 004	E0 4E9 000
_	,				
6.	Contract loans (including \$0 premium notes)				
7.	Other invested assets	7,160,996		7,160,996	7,106,802
8.	Receivables for securities				
9.	Aggregate write-ins for invested assets				
10.	Subtotals, cash and invested assets (Lines 1 to 9)	71,646,776		71,646,776	70,897,133
11.	Title plants less \$0 charged off (for Title insurers only)				
12.	Investment income due and accrued				
		130,542		100,542	105,050
13.	Premiums and considerations:				
	13.1 Uncollected premiums and agents' balances in the course of collection				
	13.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$0 earned but				
	unbilled premiums)				
	13.3 Accrued retrospective premiums				
14.	Reinsurance:				
	14.1 Amounts recoverable from reinsurers				
	14.2 Funds held by or deposited with reinsured companies				
	14.3 Other amounts receivable under reinsurance contracts				
15.	Amounts receivable relating to uninsured plans				
16.1	Current federal and foreign income tax recoverable and interest thereon				
	•	·			
16.2	Net deferred tax asset				
17.	Guaranty funds receivable or on deposit				
18.	Electronic data processing equipment and software				
19.	Furniture and equipment, including health care delivery assets				
	(\$0)				
20.	Net adjustments in assets and liabilities due to foreign exchange rates				
21.	Receivables from parent, subsidiaries and affiliates				
22.	Health care (\$546,660) and other amounts receivable				
	,				
23.	Aggregate write-ins for other than invested assets	943,130	929,578	13,552	13,332
24.	Total assets excluding Separate Accounts, Segregated Accounts and				
	Protected Cell Accounts (Lines 10 to 23)	73,873,794	929,578	72,944,216	73,679,770
25.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
26.	Total (Lines 24 and 25)				
	ILS OF WRITE-INS	10,010,104	020,010	12,544,210	10,010,110
0902.					
	Summary of remaining write-ins for Line 9 from overflow page				
)999	TOTALS (Lines 0901 through 0903 plus 0998) (Line 9 above)				
2301	Deposits	13 552		13 552	13 550
	Acquired Membership Value				
	Long Term Investment Fair Value Adjustment				
	Summary of remaining write-ins for Line 23 from overflow page				

STATEMENT AS OF March 31, 2008 OF THE Health Plan of Michigan, Inc.

LIABILITIES, CAPITAL AND SURPLUS

	LIADILITIEO, OAI ITAL AND	Current Period			Prior Year	
		1 Covered	2 Uncovered	3 Total	4 Total	
1.	Claims unpaid (less \$0 reinsurance ceded)					
2.	Accrued medical incentive pool and bonus amounts					
3.	Unpaid claims adjustment expenses					
4.	Aggregate health policy reserves					
5.	Aggregate life policy reserves					
6.	Property/casualty unearned premium reserve					
7.	Aggregate health claim reserves					
8.	Premiums received in advance					
9.	General expenses due or accrued					
10.1	Current federal and foreign income tax payable and interest thereon (including	_,,,,,		_,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	\$0 on realized gains (losses))				2.687.501	
10.2	Net deferred tax liability					
11.	Ceded reinsurance premiums payable					
12.	Amounts withheld or retained for the account of others					
13.	Remittances and items not allocated					
14.	Borrowed money (including \$0 current) and interest thereon \$0					
	(including \$0 current)					
15.	Amounts due to parent, subsidiaries and affiliates					
16.	Payable for securities					
17.	Funds held under reinsurance treaties with (\$0 authorized reinsurers and					
	\$0 unauthorized reinsurers)					
18.	Reinsurance in unauthorized companies					
19.	Net adjustments in assets and liabilities due to foreign exchange rates					
20.	Liability for amounts held under uninsured plans					
21.	Aggregate write-ins for other liabilities (including \$0 current)					
22.	Total liabilities (Lines 1 to 21)					
23.	Aggregate write-ins for special surplus funds					
24.	Common capital stock					
25.	Preferred capital stock				·	
26.	Gross paid in and contributed surplus					
27.	Surplus notes			·		
28.	Aggregate write-ins for other than special surplus funds					
29.	Unassigned funds (surplus)					
30.	Less treasury stock, at cost:			, ,	, ,	
	30.1	X X X	X X X			
	30.2					
31.	Total capital and surplus (Lines 23 to 29 minus Line 30)					
32.	Total Liabilities, capital and surplus (Lines 22 and 31)					
	LS OF WRITE-INS					
2101. 2102.						
2103.	Commence of consisting units in a feet line 24 form and for units					
2198. 2199.	Summary of remaining write-ins for Line 21 from overflow page					
2301.		X X X	X X X			
2302. 2303.						
2398.	Summary of remaining write-ins for Line 23 from overflow page	X X X	X X X			
2399. 2801.	TOTALS (Lines 2301 through 2303 plus 2398) (Line 23 above)					
2802.		X X X	X X X			
2803. 2898.	Summary of remaining write-ins for Line 28 from overflow page					
2899.	TOTALS (Lines 2801 through 2803 plus 2898) (Line 28 above)		X X X			

STATEMENT AS OF March 31, 2008 OF THE Health Plan of Michigan, Inc. STATEMENT OF REVENUE AND EXPENSES

	STATEMENT OF INLINE	Current Year To Date		Prior Year To Date	Prior Year Ended December 31
		1 Uncovered	2 Total	3 Total	4 Total
1.	Member Months				
2.	Net premium income (including \$0 non-health premium income)				
3.	Change in unearned premium reserves and reserves for rate credits				
4.	Fee-for-service (net of \$0 medical expenses)				
5.	Risk revenue				
6.	Aggregate write-ins for other health care related revenues				
7.	Aggregate write-ins for other non-health revenues				
8.	Total revenues (Lines 2 to 7)				
	al and Medical:			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
9.	Hospital/medical benefits		62 802 092	47 268 287	205 202 968
10.	Other professional services				
11.	Outside referrals				
12.	Emergency room and out-of-area				
13.	Prescription drugs				
14.	Aggregate write-ins for other hospital and medical				
15.	Incentive pool, withhold adjustments and bonus amounts				
16.	Subtotal (Lines 9 to 15)				
Less:	Outstate (Lines 5 to 15)		01,440,133	04,000,420	274, 140,020
17.	Net reinsurance recoveries			37 612	407.547
18.	Total hospital and medical (Lines 16 minus 17)				
19.	Non-health claims (net)				
20.	Claims adjustment expenses, including \$0 cost containment expenses				
21.	General administrative expenses				
22.	Increase in reserves for life and accident and health contracts (including \$0 increase		3,019,291	0, 144,302	24,009,932
22.	in reserves for life only)				
23.	Total underwriting deductions (Lines 18 through 22)				
24.	Net underwriting gain or (loss) (Lines 8 minus 23)				
25.	Net investment income earned				
26.	Net realized capital gains (losses) less capital gains tax of \$0				
27.	Net investment gains or (losses) (Lines 25 plus 26)				
28.	Net gain or (loss) from agents' or premium balances charged off [(amount recovered		512,614	340,722	5,000,767
20.	\$				
29.	Aggregate write-ins for other income or expenses				
30.	Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24				
30.	plus 27 plus 28 plus 29)	V V V	1 870 314	2 008 331	16 374 144
31.	Federal and foreign income taxes incurred				
32.	Net income (loss) (Lines 30 minus 31)				
	S OF WRITE INS		,		
0601.	Quality Assurance Fee				
0602. 0603.					
0698.	Summary of remaining write-ins for Line 6 from overflow page	X X X			
0699. 0701.	TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above)				
0702.		x x x			
0703. 0798.	Summary of remaining write-ins for Line 7 from overflow page				
0799.	TOTALS (Lines 0701 through 0703 plus 0798) (Line 7 above)	X X X			
1401. 1402.	Hearing/Speech devices MI Primary Care Association				
1402.	MI Primary Care Association				
1498.	Summary of remaining write-ins for Line 14 from overflow page				
1499. 2901.	TOTALS (Lines 1401 through 1403 plus 1498) (Line 14 above)				
2902.	Rental Income				
2903. 2998.	Copying Fee				
2999.	TOTALS (Lines 2901 through 2903 plus 2998) (Line 29 above)		555		

STATEMENT OF REVENUE AND EXPENSES (Continued)

		1	2	3 Prior Year
		Current Year To Date	Prior Year To Date	Ended December 31
	CAPITAL & SURPLUS ACCOUNT			
33.	Capital and surplus prior reporting year	35,302,124	30,443,521	30,443,522
34.	Net income or (loss) from Line 32	1,295,124	1,364,967	10,636,643
35.	Change in valuation basis of aggregate policy and claim reserves			
36.	Change in net unrealized capital gains (losses) less capital gains tax of \$0	71,458	396,427	268,701
37.	Change in net unrealized foreign exchange capital gain or (loss)			
38.	Change in net deferred income tax			35,000
39.	Change in nonadmitted assets	(116,190)	(9,661)	(46,742)
40.	Change in unauthorized reinsurance			
41.	Change in treasury stock			
42.	Change in surplus notes			
43.	Cumulative effect of changes in accounting principles			
44.	Capital Changes:			
	44.1 Paid in			
	44.2 Transferred from surplus (Stock Dividend)			
	44.3 Transferred to surplus			
45.	Surplus adjustments:			
	45.1 Paid in			
	45.2 Transferred to capital (Stock Dividend)			
	45.3 Transferred from capital			
46.	Dividends to stockholders			(6,000,000)
47.	Aggregate write-ins for gains or (losses) in surplus			(35,000)
48.	Net change in capital and surplus (Lines 34 to 47)	1,250,392	1,751,733	4,858,602
49.	Capital and surplus end of reporting period (Line 33 plus 48)	36,552,516	32,195,254	35,302,124
4701.	LS OF WRITE-INS Property Dividend to Stockholders			(35,000)
4702. 4703.				
4798. 4799.	Summary of remaining write-ins for Line 47 from overflow page			(35,000)

CASH FLOW

		2,153,97 312,978,22 259,713,01 27,427,00
Cash from Operations Premiums collected net of reinsurance Net investment income Miscellaneous income Total (Lines 1 to 3) Benefit and loss related payments Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts Commissions, expenses paid and aggregate write-ins for deductions Dividends paid to policyholders Federal and foreign income taxes paid (recovered) net of \$	92,831,868 492,073 93,323,941 80,893,055 9,879,561	310,824,25 2,153,97 312,978,22 259,713,01 27,427,00
Premiums collected net of reinsurance Net investment income Miscellaneous income Total (Lines 1 to 3) Benefit and loss related payments Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts Commissions, expenses paid and aggregate write-ins for deductions Dividends paid to policyholders Federal and foreign income taxes paid (recovered) net of \$		2,153,97 312,978,22 259,713,01 27,427,00
Net investment income Miscellaneous income Total (Lines 1 to 3) Benefit and loss related payments Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts Commissions, expenses paid and aggregate write-ins for deductions Dividends paid to policyholders Federal and foreign income taxes paid (recovered) net of \$		2,153,97 312,978,22 259,713,01 27,427,00
Miscellaneous income Total (Lines 1 to 3) Benefit and loss related payments Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts Commissions, expenses paid and aggregate write-ins for deductions Dividends paid to policyholders Federal and foreign income taxes paid (recovered) net of \$	93,323,941 80,893,055 9,879,561 3,830,000	312,978,22 259,713,01 27,427,00
Total (Lines 1 to 3) Benefit and loss related payments Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts Commissions, expenses paid and aggregate write-ins for deductions Dividends paid to policyholders Federal and foreign income taxes paid (recovered) net of \$	93,323,941 80,893,055 9,879,561 3,830,000	312,978,22 259,713,01 27,427,00
Benefit and loss related payments Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts Commissions, expenses paid and aggregate write-ins for deductions Dividends paid to policyholders Federal and foreign income taxes paid (recovered) net of \$	9,879,561	259,713,01
Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts Commissions, expenses paid and aggregate write-ins for deductions Dividends paid to policyholders Federal and foreign income taxes paid (recovered) net of \$	3,830,000	27,427,00
Commissions, expenses paid and aggregate write-ins for deductions Dividends paid to policyholders Federal and foreign income taxes paid (recovered) net of \$	9,879,561	27,427,00
Dividends paid to policyholders Federal and foreign income taxes paid (recovered) net of \$	3,830,000	
Dividends paid to policyholders Federal and foreign income taxes paid (recovered) net of \$	3,830,000	
Federal and foreign income taxes paid (recovered) net of \$0 tax on capital gains (losses) Total (Lines 5 through 9) Net cash from operations (Line 4 minus Line 10)	3,830,000	
. Total (Lines 5 through 9)		-,,
Net cash from operations (Line 4 minus Line 10)		290.697.16
oush nom myestments	(1,210,010)	
. Proceeds from investments sold, matured or repaid:		
12.1 Bonds	1 052 943	2 976 11
	•	
12.3 Mortgage loans		
12.4 Real estate		
12.5 Other invested assets		
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments		
12.7 Miscellaneous proceeds		
12.8 Total investment proceeds (Lines 12.1 to 12.7)	1,355,816	7,236,76
. Cost of investments acquired (long-term only):		
13.1 Bonds	1,105,800	4,395,60
13.2 Stocks	583,567	184,45
13.3 Mortgage loans		
13.4 Real estate		
13.5 Other invested assets	80,000	265,00
13.6 Miscellaneous applications		
13.7 Total investments acquired (Lines 13.1 to 13.6)	1,769,367	4,845,06
Net increase (or decrease) in contract loans and premium notes		
Net cash from investments (Line 12.8 minus Lines 13.7 and 14)		
Cash from Financing and Miscellaneous Sources	, ,	
. Cash provided (applied):		
16.1 Surplus notes, capital notes		
16.2 Capital and paid in surplus, less treasury stock		
16.3 Borrowed funds		
16.4 Net deposits on deposit-type contracts and other insurance liabilities		
16.5 Dividends to stockholders		
16.6 Other cash provided (applied)		,
Net cash from financing and miscellaneous sources (Lines 16.1 through 16.4 minus Line 16.5 plus Line 16.6)	1,985,611	(7,595,97
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS		
Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	293,385	17,076,78
. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year	50,458,909	33,382,12
19.2 End of period (Line 18 plus Line 19.1)	50,752,294	50,458,90
Supplemental Disclosures of Cash Flow Information for Non-Cash Transactions:	Amount	Amount
Description	1	2

			I
		Amount	Amount
	Description	1	2
20.0001			

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

		1	Comprehensive (H	Hospital & Medical)	4	5	6	7	8	9	10
			2	3				Federal			
		Total	امطانينطييما	Crave	Medicare	Vision Only	Dental	Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
		Total	Individual	Group	Supplement	Uniy	Only	benefit Plan	ivieulcare	ivieulcaid	Other
Total I	Members at end of:										
1.	Prior Year	133,250								133,250	
2.	First Quarter	142,231								142,231	
3.	Second Quarter										
4.	Third Quarter										
5.	Current Year										
6.	Current Year Member Months	417,789								417,789	
Total I	Member Ambulatory Encounters for Period:										
7.	Physician	357,651								357,651	
8.	Non-Physician	289,674								289,674	
9.	Total	647,325								647,325	
10.	Hospital Patient Days Incurred	10,242								10,242	
11.	Number of Inpatient Admissions	3,041								3,041	
12.	Health Premiums Written (a)	98,415,957								98,415,957	
13.	Life Premiums Direct										
14.	Property/Casualty Premiums Written										
15.	Health Premiums Earned	98,295,324								98,295,324	
16.	Property/Casualty Premiums Earned										
17.	Amount Paid for Provision of Health Care Services	80,893,054								80,893,054	
18.	Amount Incurred for Provision of Health Care										
	Services	81,440,195								81,440,195	

⁽a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$............0.

		All DED All All All All All All All All All Al	ND BONUS (Re	ported and Or	ireported)	
1	2	3	4	5	6	7
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 days	Over 120 Days	Total
Individually Listed Claims Unpaid						
RX America - Pharmacy	2,735,370					2,735,370
0199999 Individually Listed Claims Unpaid	2,735,370					2,735,370
0299999 Aggregate Accounts Not Individually Listed - Uncovered						
0399999 Aggregate Accounts Not Individually Listed - Covered	106,963					106,963
0499999 Subtotals	2,842,333					2,842,333
0599999 Unreported claims and other claim reserves						27,434,49
0699999 Total Amounts Withheld						
0799999 Total Claims Unpaid						30,276,830
0899999 Accrued Medical Incentive Pool And Bonus Amounts						2,584,300

UNDERWRITING AND INVESTMENT EXHIBIT

ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

						5	6
				Liab	oility		
		Cla	ims	End	d of		
		Paid Yea	r to Date	Current	Quarter		
		1	2	3	4		Estimated Claim
							Reserve and
		On	On	On	On		Claim
	Line	Claims Incurred	Claims Incurred	Claims Unpaid	Claims Incurred	Claims Incurred	Liability
	of	Prior to January 1	During the	Dec.31 of	During the	in Prior Years	Dec.31 of
	Business	of Current Year	Year	Prior Year	Year	(Columns 1+3)	Prior Year
1.	Comprehensive (hospital & medical)						
2.	Medicare Supplement						
3.	Dental only						
4.	Vision only						
5.	Federal Employees Health Benefits Plan						
6.	Title XVIII - Medicare						
7.	Title XIX - Medicaid						
8.	Other health						
9.	Health subtotal (Lines 1 to 8)						
10.	Healthcare receivables (a)						
11.	Other non-health						
12.	Medical incentive pools and bonus amounts						
13.	Totals	25,161,207	55,731,847	7,729,757	25,131,373	32,890,964	32,313,988

⁽a) Excludes \$......0 loans or advances to providers not yet expensed.

Notes to Financial Statement

There have been no material changes since the annual filing.

- Note 1 Summary of Significant Accounting Policies no change
- Note 2 Accounting Changes and Corrections of Errors this note is not applicable to the Company
- Note 3 Business Combinations and Goodwill this note is not applicable to the Company
- Note 4 Discontinued Operations this note is not applicable to the Company
- Note 5 Investments this note is not applicable to the Company
- Note 6 Joint Ventures, Partnerships and Limited Liability Companies no change
- Note 7 Investment Income this note is not applicable to the Company
- Note 8 Derivative Instruments this note is not applicable to the Company
- Note 9 Income Taxes no change
- Note 10 Information Concerning Parent, Subsidiaries and Affiliates no change
- Note 11 Debt no change
- Note 12 Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences, and Other Postretirement Benefit Plans this note is not applicable to the Company
- Note 13 Capital and Surplus, Stockholders Dividend Restrictions, and Quasi Reorganizations no change
- Note 14 Contingencies no change
- Note 15 Leases no change
- Note 16 Information About Financial Instruments with Off-balance sheet Risk and Financial Instruments with Concentrations of Credit Risk this note is not applicable to the Company
- Note 17 Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities this note is not applicable to the Company
- Note 18 Gain or Loss to the Reporting Entity from Uninsured A&H Plans and Uninsured Portion of Partially Insured Plans this note is not applicable to the Company
- Note 19 Direct Premium Written/Produced by Managing General Agents/Third PartyAdministrators this note is not applicable to the Company
- Note 20 Other Items no change
- Note 21 Events Subsequent this note is not applicable to the Company
- Note 22 Reinsurance no change
- Note 23 Retrospectively Rated Contracts and Contracts Subject to Redetermination this note is not applicable to the Company
- Note 24 Change in Incurred Claims and Claims Adjustment Expenses no change
- Note 25 Intercompany Pooling Arrangements this note is not applicable to the Company
- Note 26 Structured Settlements this note is not applicable to the Company
- Note 27 Health Care Receivables no change
- Note 28 Participating Policies this note is not applicable to the Company
- Note 29 Premium Deficiency Reserves this note is not applicable to the Company
- Note 30 Anticipated Salvage and Subrogation no change

GENERAL INTERROGATORIES (Responses to these interrogatories should be based on changes that have occurred since the prior year end unless otherwise noted) PART 1 - COMMON INTERROGATORIES GENERAL

	Did the reporting entity experience any mat Domicile, as required by the Model Act? If yes, has the report been filed with the do		ne filing of Disclo		Transactions wit	h the State of	,	Yes[] No[X] Yes[] No[] N/A[X]
	Has any change been made during the year reporting entity? If yes, date of change:	r of this statement in the cha	arter, by-laws, art	icles of incorpora	ation, or deed of	settlement of the	9	Yes[] No[X]
	Have there been any substantial changes in If yes, complete the Schedule Y - Part 1 - c		ce the prior quar	ter end?				Yes[] No[X]
4.1 4.2	Has the reporting entity been a party to a m If yes, provide the name of entity, NAIC Co ceased to exist as a result of the merger or	nerger or consolidation during mpany Code, and state of do	g the period cove omicile (use two	ered by this state letter state abbre	ment? eviation) for any	entity that has		Yes[] No[X]
		1 Name of Entity		2 NAIC Company	Code	3 State of Dom	icile	
	If the reporting entity is subject to a manage attorney-in-fact, or similar agreement, have If yes, attach an explanation.	there been any significant cl	hanges regarding	g the terms of the			d?	Yes[] No[X] N/A[]
6.2	State as of what date the latest financial ex State the as of date that the latest financial date should be the date of the examined ba State as of what date the latest financial ex the reporting entity. This is the release date	examination report became alance sheet and not the date amination report became ava	available from e the report was ailable to other s	ither the state of completed or relates tates or the publ	eased. ic from either the	state of domicil	e or	12/31/2004
6.5	date). By what department or departments? State of Michigan Office of Financial and Ir Have any financial statement adjustments w statement filed with Departments? Have all of the recommendations within the	vithin the latest financial exar	•		or in a subseque	nt financial	.,	10/03/2005 Yes[] No[] N/A[X] Yes[X] No[] N/A[]
	Has this reporting entity had any Certificate or revoked by any governmental entity during lf yes, give full information	es of Authority, licenses or regard the reporting period?	gistrations (inclu	ding corporate re	egistration, if app	licable) suspend	led	Yes[] No[X]
8.1 8.2 8.3	Is the company a subsidiary of a bank hold if response to 8.1 is yes, please identify the Is the company affiliated with one or more I If response to 8.3 is yes, please provide be federal regulatory services agency [i.e. the Thrift Supervision (OTS), the Federal Depothe affiliate's primary federal regulator.	e name of the bank holding c banks, thrifts or securities firn low the names and location Federal Reserve Board (FRI	company. ms? (city and state of B), the Office of t	the main office)	of the Currency (OCC), the Office	of y	Yes[] No[X] Yes[] No[X]
	1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 OTS	6 FDIC	7 SEC	
	, illiaco i tamo	200ation (only, oraclo)	. Yes[] No[X]	. Yes[] No[X]	. Yes[] No[X]	. Yes[] No[X]	. Yes[] No	[X]
9.1	Are the senior officers (principal executive of similar functions) of the reporting entity subsimilar functions) of the reporting entity subsimilar functions of the relationships; (b) Full, fair, accurate, timely and understate) (c) Compliance with applicable government of the prompt internal reporting of violations, accountability for adherence to the contract of the contract	ject to a code of ethics, which the ethical handling of actual andable disclosure in the per ntal laws, rules and regulation ons to an appropriate person	ch includes the for l or apparent con riodic reports req ns;	ollowing standard flicts of interest l uired to be filed l	ls? between personably the reporting of	al and profession		Yes[X] No[]
9.2 9.2 9.3	1 If the response to 9.1 is No, please explain Has the code of ethics for senior manager 1. If the response to 9.2 is Yes, provide infor Have any provisions of the code of ethics 1. If the response to 9.3 is Yes, provide the yes Yes, provide the yes Yes, provide the yes Yes, provide the Yes, provide the yes Yes, provide the Yes, pro	n: is been amended? mation related to amendmer been waived for any of the s	nt(s). specified officers	?				Yes[] No[X] Yes[] No[X]
10. 10.	Does the reporting entity report any amou If yes, indicate any amounts receivable fro	nts due from parent, subsidia om parent included in the Pa	FINANCIA aries or affiliates ge 2 amount:		s statement?		\$	Yes[] No[X]
	Were any of the stocks, bonds, or other as for use by another person? (Exclude secu If yes, give full and complete information r	ssets of the reporting entity lo	INVESTME paned, placed ur g agreements.)		ement, or otherw	ise made availab	ble	Yes[] No[X]
	Amount of real estate and mortgages held Amount of real estate and mortgages held		Schedule BA:					(
14.	Does the reporting entity have any investr If yes, please complete the following:		and affiliates?				Ψ	Yes[] No[X]

GENERAL INTERROGATORIES (Continued)

		1	2
		Prior Year-End	Current Quarter
		Book/Adjusted	Book/Adjusted
		Carrying Value	Carrying Value
14.21	Bonds		
14.22	Preferred Stock		
14.23	Common Stock		
14.24	Short-Term Investments		
14.25	Mortgages Loans on Real Estate		
14.26	All Other		
14.27	Total Investment in Parent, Subsidiaries and Affiliates		
	(Subtotal Lines 14.21 to 14.26)		
14.28	Total Investment in Parent included in Lines 14.21 to 14.26		
	above		

15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB?15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? If no, attach a description with this statement.

Yes[] No[X] Yes[] No[] N/A[X]

16. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 3, III Conducting Examinations, G - Custodial or Safekeeping Agreements of the NAIC Financial Condition Examines Handbook?

Yes[X] No[]

16.1 For all agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

1	2
Name of Custodian(s)	Custodian Address
	50 South LaSalle Street Chicago, IL 60675

16.2 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

Γ	1	2	3		
	Name(s)	Location(s)	Complete Explanation(s)		

16.3 Have there been any changes, including name changes, in the custodian(s) identified in 16.1 during the current quarter?

Yes[] No[X]

16.4 If yes, give full and complete information relating thereto:

1	2	3	4
		Date	
Old Custodian	New Custodian	of Change	Reason

16.5 Identify all investment advisors, brokers/dealers or individuals acting on behalf of broker/dealers that have access to the investment accounts, handle securities and have authority to make investments on behalf of the reporting entity:

1	2	3
Central Registration		
Depository	Name(s)	Address
123286 104751		5700 Corporate Drive, Pittsburgh,PA 15237 940 Southwood Blvd, Ste 200, Incline Village, NV 89451

17.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Securities Valuation Office been followed?

Yes[X] No[]

17.2 If no, list exceptions:

SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

onowing Air New Remodiance Treaties - Current Tear to Date								
1	2	3	4	5	6	7		
NAIC	Federal				Type of	Is Insurer		
Company	ID	Effective			Reinsurance	Authorized?		
Code	Number	Date	Name of Reinsurer	Location	Ceded	(Yes or No)		
Accident and Health - Non-affi	liates							
67105	41-0451140		RELIASTAR LIFE INS CO	Minneapolis, Minnesota	SSL/AI	Yes[X] No[]		

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

	Current Year to Date - Allocated by States and Territories									
			_			Direct Busi				
		1	2 Accident and	3	4	5 Federal Employees Health	6 Life and Annuity Premiums	7 Property/	8 Total	9
	State, Etc.	Active Status	Health Premiums	Medicare Title XVIII	Medicaid Title XIX	Benefits Program Premiums	and Other Considerations	Casualty Premiums	Columns 2 Through 7	Deposit-Type Contracts
1.	Alabama (AL)	1								
2.	Alaska (AK)									
3.	Arizona (AZ)									
4.	Arkansas (AR)									
5.	California (CA)									
6.	Colorado (CO)	N								
7.	Connecticut (CT)	N								
8.	Delaware (DE)									
9.	District of Columbia (DC)									
10.	Florida (FL)									
11.	Georgia (GA)									
12.	Hawaii (HI)									
13.	Idaho (ID)									
		. IN								
14.	Illinois (IL)									
15.	Indiana (IN)									
16.	lowa (IA)									
17.	Kansas (KS)									
18.	Kentucky (KY)									
19.	Louisiana (LA)									
20.	Maine (ME)									L
21.	Maryland (MD)									[
22.	Massachusetts (MA)								1	
									00 415 057	
23.	Michigan (MI)									
24.	Minnesota (MN)	. N								
25.	Mississippi (MS)	N								
26.	Missouri (MO)									
27.	Montana (MT)									
28.	Nebraska (NE)	N								
29.	Nevada (NV)	N								
30.	New Hampshire (NH)									
31.	New Jersey (NJ)									
32.	New Mexico (NM)									
33.										
34.	North Carolina (NC)									
35.	North Dakota (ND)									
36.	Ohio (OH)	N								
37.	Oklahoma (OK)	N								
38.	Oregon (OR)	N								
39.	Pennsylvania (PA)									
40.	Rhode Island (RI)									
41.	South Carolina (SC)									
42.	South Dakota (SD)									
									1	
43.	Tennessee (TN)	1			1					
44.	Texas (TX)									
45.	Utah (UT)									
46.	Vermont (VT)									
47.	Virginia (VA)	N								
48.	Washington (WA)									
49.	West Virginia (WV)									
50.	Wisconsin (WI)									l
51.	Wyoming (WY)									
52.	American Samoa (AS)									
l	Guam (GU)									
53.										
54.	Puerto Rico (PR)									
55.	U.S. Virgin Islands (VI)									
56.	Northern Mariana Islands (MP)									
57.	Canada (CN)									
58.	Aggregate other alien (OT)	X X X .								
59.	Subtotal								98,415,957	
60.	Reporting entity contributions for	1		1	11,111,001				1	1
55.	Employee Benefit Plans	YYY								
61									98,415,957	
61.	Total (Direct Business)	. (a) 1			98,415,957				1 98,415,95/	
	ILS OF WRITE-INS		1	T		T	T	1		1
5801.		1								
5802.		X X X .								
5803.		X X X .								
5898.	Summary of remaining write-ins for									
	Line 58 from overflow page	X X X .		l	l		l	l	l	I
5899.	TOTALS (Lines 5801 through 5803									
5555.	plus 5898) (Line 58 above)	x x x .								
l .	pius sosoj (Lilie so above)	. μ Α Α Α								

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER

MEMBERS OF A HOLDING COMPANY GROUP **PART 1 - ORGANIZATIONAL CHART**

Caidan Enterprises, Inc. (Federal Employer Identification # 52-2422207)

Organization Governance and Ownership Structure:

Equity Shareholders

Board of Directors

Shareholders at March 31, 2008:

32.4% D. Cotton, M.D.

S. Cotton 31.6%

J. Cotton 10% - Non Voting Stock 10% - Non Voting Stock S. Cotton 10% - Non Voting Stock M. Cotton

T. Lauzon 6%

100%

Health Plan of Michigan, Inc. (MI; NAIC # 52563; Federal Employer Identification # 38-3253977)

Organization Governance and Ownership Structure: Equity Shareholders

Board of Directors

Shareholders at Marcg 31, 2008: Caidan Enterprises, Inc. 100%

Caidan Management Company, Inc. (MI, Federal Employer Identification # 36-4559356)

Organization Governance and Ownership Structure:

Equity Shareholders

Board of Directors

Shareholders at March 31, 2008: Caidan Enterprises, Inc. 100%

Meridian Health Plan, Inc. (IL, Federal Employer Identification #20-3209671)

Organization Governance and Ownership Structure:

Equity Shareholders

Board of Directors

Shareholders at March 31, 2008: Caidan Enterprises, Inc. 100%

SCHEDULE Y - INFORMATION CONCERNING ACTI MEMBERS OF A HOLDING COMPANY GROU PART 1 - ORGANIZATIONAL CHART

Health Management, Inc. (common ownership with Health Plan of Michigan, Inc. majority stockholder) (Federal Employer Identification # 38-3360283)

Shareholders at March 31, 2008: D. Cotton, M.D.

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

RESPONSE

No

1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?

Bar Codes:

Medicare Part D Coverage Supplement

OVERFLOW PAGE FOR WRITE-INS

ASSETS

	С	Current Statement Date		
	1	2	3	
			Net Admitted	December 31,
		Nonadmitted	Assets	Prior Year Net
	Assets	Assets	(Cols. 1 - 2)	Admitted Assets
2304. Pre-Paid Expenses				
2397. Summary of remaining write-ins for Line 23 (Lines 2304 through 2396)				

STATEMENT OF REVENUE AND EXPENSES (Continued)

		1	2	3 Prior Year
		Current Year To Date	Prior Year To Date	Ended December 31
4704.	0			
1	Repurchase of Stock			
4707. 4708.	0			
4709. 4710.	0			
4797.	Summary of remaining write-ins for Line 47 (Lines 4704 through 4796)			

STATEMENT AS OF March 31, 2008 OF THE Health Plan of Michigan, Inc. SCHEDULE A - VERIFICATION

Real Estate

		1	2
			Prior Year Ended
		Year To Date	December 31
1.	Book/adjusted carrying value, December 31 of prior year		
2.	Cost of acquired		
	2.1 Actual cost at time of acquisitions		
	2.2 Additional investment made after acquisitions		
3.	Current year change in encumbrances		
4.	Total gain (loss) on disposals		
5.	Total gain (loss) on disposals Deduct amounts received on disposals Total foreign exchange change in book/adjusted carrying variable.		
6.	Total foreign exchange change in book/adjusted carrying v		
7.	Deduct current year's other than temporary impairment recliging to the control of		
8.	Deduct current year's depreciation		
9.	Book/adjusted carrying value at the end of current period (Lines 1 + 2 + 3 + 4 - 5 + 6 - 7 - 8)		
10.	Deduct total nonadmitted amounts		
11.	Statement value at end of current period (Line 9 minus Line 10)		

SCHEDULE B - VERIFICATION

Mortgage Loans

	mortgage zoune	4	0
		1	2
			Prior Year Ended
		Year To Date	December 31
1.	Book value/recorded investment excluding accrued interest, December 31 of prior year		
2.	Cost of acquired:		
	2.1 Actual cost at time of acquisitions		
	2.2 Additional investment made after acquisitions		
3.	Capitalized deferred interest and other		
4.	Accrual of discount		
5.	Unrealized valuation increase (decrease)		
6.	Total gain (loss) on disposals		
7.	Total gain (loss) on disposals Deduct amounts received on disposals NORE		
8.	Deduct amortization of premium and mortgage interest poil		
9.	Total foreign exchange change in book value/recorded investment excluding accrued interest		
1			
10.	Deduct current year's other than temporary impairment recognized		
11.	Book value/recorded investment excluding accrued interest at end of current period (Lines		
	1+2+3+4+5+6-7-8+9-10)		
12.	Deduct total nonadmitted amounts		
13.	Statement value at end of current period (Line 11 minus Line 12)		

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

	Other Long-Term invested Assets		
		1	2
			Prior Year Ended
	Description	Year To Date	December 31
1.	Book/adjusted carrying value, December 31 of prior year	7,106,802	7,854,291
2.	Cost of acquired:		
	2.1 Actual cost at time of acquisitions		
	2.2 Additional investment made after acquisitions	80,000	265,000
3.	Capitalized deferred interest and other		
4.	Accrual of discount		
5.	Unrealized valuation increase (decrease)	(25,806)	(12,489)
6.	Total gain (loss) on disposals		
7.	Deduct amounts received on disposals		
8.	Deduct amortization of premium and depreciation		
9.	Total foreign exchange change in book/adjusted carrying value		
10.	Deduct current year's other than temporary impairment recognized		
11.	Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)	7,160,996	7,106,802
12.	Deduct total nonadmitted amounts		
13.	Statement value at end of current period (Line 11 minus Line 12)	7.160.996	7.106.802

SCHEDULE D - VERIFICATION

Bonds and Stocks

		1	2
			Prior Year Ended
		Year To Date	December 31
1.	Book/adjusted carrying value of bonds and stocks, December 31 of prior year	13,330,393	11,792,725
2.	Cost of bonds and stocks acquired	1,688,826	4,580,062
3.	Accrual of discount	3,762	
4.	Unrealized valuation increase (decrease)	(125,242)	(147,560)
5.	Total gain (loss) on disposals	1,801	177,678
6.	Deduct consideration for bonds and stocks disposed of	1,131,740	3,072,512
7.	Deduct amortization of premium	34,314	
8.	Total foreign exchange change in book/adjusted carrying value		
9.	Deduct current year's other than temporary impairment recognized		
10.	Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)		
11.	Deduct total nonadmitted amounts		(1,029)
12.	Statement value at end of current period (Line 10 minus Line 11)	13,733,486	13,331,422

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity
During the Current Quarter for all Bonds and Preferred Stock by Rating Class

	Daining the O	arrent Quart	ei ioi ali boi	ilas alla i ici	ciica otock	by italing o	iass		
		1	2	3	4	5	6	7	8
		Book/Adjusted				Book/Adjusted	Book/Adjusted	Book/Adjusted	Book/Adjusted
		Carrying Value	Acquisitions	Dispositions	Non-Trading	Carrying Value	Carrying Value	Carrying Value	Carrying Value
		Beginning of	During Current	During Current	Activity During	End of	End of	End of	December 31
		Current Quarter	Quarter	Quarter	Current Quarter	First Quarter	Second Quarter	Third Quarter	Prior Year
BOND	3								
1.	Class 1 (a)								
2.	Class 2 (a)	281,472	235,893		(16,544)	500,821			281,472
3.	Class 3 (a)	126,514			(189)	126,325			126,514
4.	Class 4 (a)								
5.	Class 5 (a)								
6.	Class 6 (a)								
7.	Total Bonds								23,066,189
PREFE	RRED STOCK								
8.	Class 1								
9.	Class 2	86,444	20,318		(1,662)	105,100			86,444
10.	Class 3		1,334		(76)	1,258			
11.	Class 4								
12.	Class 5								
13.	Class 6								
14.	Total Preferred Stock	545,914	434,908	54,499	(52,682)	873,641			545,914
15.	Total Bonds & Preferred Stock								

SCHEDULE DA - PART 1

Short - Term Investments Owned End of Current Quarter

	• • • • • • • • • • • • • • • • • • • •				
	1	2	3	4	5
	Book/Adjusted				Paid for Accrued
	Carrying		Actual	Interest Collected	Interest
	Value	Par Value	Cost	Year To Date	Year To Date
8299999. Totals	6,001,690	X X X		69,106	

SCHEDULE DA - Verification

Short-Term Investments

		1	2
			Prior Year Ended
		Year To Date	December 31
1.	Book/adjusted carrying value, December 31 of prior year	11,001,690	11,001,690
2.	Cost of short-term investments acquired		
3.	Accrual of discount		
4.	Unrealized valuation increase (decrease)		
5.	Total gain (loss) on disposals		
6.	Deduct consideration received on disposals	5,000,000	
7.	Deduct amortization of premium		
8.	Total foreign exchange change in book/adjusted carrying value		
9.	Deduct current year's other than temporary impairment recognized		
10.	Book/adjusted carrying value at end of current period (Lines		
	1+2+3+4+5-6-7+8-9)	6,001,690	11,001,690
11.	Deduct total nonadmitted amounts		
12.	Statement value at end of current period (Line 10 minus Line 11)		

SI04	Schedule DB Part F Section 1
S I05	Schedule DB Part F Section 2NONE
SI06	Schedule E - Verification (Cash Equivalents)NONE
E01	Schedule A Part 2NONE
E01	Schedule A Part 3NONE
E02	Schedule B Part 2NONE
E02	Schedule B Part 3NONE

SCHEDULE BA - PART 2

Showing Other Long-Term Invested Assets ACQUIRED During the Current Quarter

		Onowing Other E	ong ronnini	,		Daring	j ilic Gari	CIIL Quait				
1	2	Location		5	6	7	8	9	10	11	12	13
		3	4	Name					Additional		Commitment	
				of		Date		Actual Cost at	Investment	Amount	for	
CUSIP	Name or			Vendor or	NAIC	Originally	Type and	Time of	Made After	of	Additional	Percentage of
Identification	Description	City	State	General Partner	Designation	Acquired	Strategy	Acquisition	Acquisition	Encumbrances	Investment	Ownership
Joint Venture	e - Real Estate - Unaffiliated											
	Barrow Street Real Estate Fund III, LP	Stamford	CT	Barrow Street Captial		03/06/2006		103,521	345,000		551,479	
1799999 Subtotal - J	Joint Venture - Real Estate - Unaffiliated							103,521	345,000		551,479	XXX
3999999 Total - Unat	999999 Total - Unaffiliated											
4099999 Total - Affilia	409999 Total - Affiliated											
4199999 Totals	199999 Totals											

SCHEDULE BA - PART 3

Showing Other Long-Term Invested Assets DISPOSED, Transferred or Repaid During the Current Quarter

	1	2	Location		5	6	7	8		(Change in Book/A	djusted Carrying V	/alue		15	16	17	18	19	20
			3	4					9	10	11	12	13	14						
								Book/Adjusted		Current Year's	Current Year's			Total	Book/Adjusted					
					Name of			Carrying	Unrealized	(Depreciation)	Other Than	Capitalized	Total	Foreign	Carrying Value		Foreign	Realized	Total	
CU	SIP				Purchaser	Date		Value Less	Valuation	or	Temporary	Deferred	Change in	Exchange	Less		Exchange	Gain	Gain	
Ide	enti-	Name or			or Nature of	Originally	Disposal	Encumbrances,	Increase	(Amortization)/	Impairment	Interest and	B./A.C.V.	Change in	Encumbrances		Gain (Loss)	(Loss) on	(Loss) on	Investment
fica	ition	Description	City	State	Disposal	Acquired	Date	Prior Year	(Decrease)	Accretion	Recognized	Other	(9 + 10 - 11 + 12)	B./A.C.V.	on Disposal	Consideration	on Disposal	Disposal	Disposal	Income
OE03								N	0	N E										
4199999																				

SCHEDULE D - PART 3

	Snow All	Long-Term	Bonds and Stock	Acquired by the Company During the Current Quarter					
1	2	3	4	5	6	7	8	9	10
								Paid for	NAIC
								Accrued	Designation
CUSIP				Name of	Number of			Interest and	or Market
Identification	Description	Foreign	Date Acquired	Vendor	Shares of Stock	Actual Cost	Par Value	Dividends	Indicator (a)
	'	1 Oleigii	Date Acquired	Vendoi	Strates of Stock	Actual Cost	i ai vaiue	Dividends	indicator (a)
Bonas - Special Re	evenue, Special Assessment								
31395MH93	FHLMC Multiclass Preassign 00640		01/08/2008	Various	X X X	256,321	253,078.00	352	1FE
31395HW48	FHLMC Multiclass SER 2896 CL VA 5		01/08/2008	Various	X X X	255,468	251,964.00	350	1FE
3199999 Subtotal -	Bonds - Special Revenue, Special Assessment				X X X	511,789	505,042.00	702	X X X
Bonds - Industrial	and Miscellaneous (Unaffiliated)								
143658AN2	Carnival Corp	l	01/17/2008	Various	x x x	43,135	40,000.00	208	1FF
33736XBZ1	CMO 1st UN Natl		03/05/2008	Various	X X X	138,755	135,000.00	225	
204912AQ2	Computer Assoc	1	01/28/2008	Various	X X X	35,941	30,000.00	62	1FE
254687AU0	Disney		02/05/2008	Various	X X X	16,233	15,000.00	100	
268648AK8	EMC Corp		03/28/2008	Various	X X X	124,055	105,000.00	576	1FE
428236AC7	Hewlett Packard		01/16/2008	Various	X X X	23,925	30,000.00		2FE
893830AU3	Transocean		02/05/2008	Various	X X X	84,710	80,000.00	206	2
984332AB2	Yahoo		01/15/2008	Various	X X X	127,257	110,000.00		2
	Bonds - Industrial and Miscellaneous (Unaffiliated)				X X X	594,011	545,000.00	1,377	X X X
6099997 Subtotal -	Bonds - Part 3				X X X	1,105,800	1,050,042.00	2,079	X X X
6099998 Summary	Item from Part 5 for Bonds (N/A to Quarterly)				X X X	X X X	X X X	X X X	X X X
6099999 Subtotal -	Bonds				X X X	1,105,800	1,050,042.00	2,079	X X X
Preferred Stock - I	ndustrial and Miscellaneous (Unaffiliated)								
00169X203	AMG Cap TR I		02/11/2008	Various	30.000	1,334	50.00		3
00170F209	AMG Cap TR II		03/06/2008	Various	3,250.000	128,394	50.00		P1L
060505682	Bank Amer Corp		03/05/2008	Various	120.000	123,584	1,000.00		1
G16962204	Bunge Ltd		03/31/2008	Various	240.000	27,291			P1L
172967598	Citigroup In		01/18/2008	Various	2,550.000	133,988	50.00		1
939322814	Washington Mut		02/13/2008	Various	20.000	20,318	1,000.00		2
	Preferred Stock - Industrial and Miscellaneous (Unaffiliated)				X X X	434,909	X X X		X X X
					X X X	434,909	X X X		X X X
	Item from Part 5 for Preferred Stocks (N/A to Quarterly)				X X X	X X X	X X X	X X X	X X X
6599999 Subtotal -			<u></u>	<u></u>	X X X	434,909	X X X		X X X
Common Stock - Ir	ndustrial and Miscellaneous (Unaffiliated)								
278279104	MFC Eaton Vance		03/17/2008	Various	10,600.000	148,118			1FE
6899999 Subtotal -	Common Stock - Industrial and Miscellaneous (Unaffiliated)				X X X	148,118	X X X		X X X
					X X X	148,118	X X X		X X X
7299998 Summary	Item from Part 5 for Common Stocks (N/A to Quarterly)				X X X	X X X	X X X	X X X	X X X
7299999 Subtotal -	Common Stocks				X X X	148,118	X X X		X X X
7399999 Subtotal -	Preferred and Common Stocks				X X X	583,027	X X X		X X X
7499999 Total - Bor	nds, Preferred and Common Stocks				X X X	1,688,827	X X X	2,079	X X X

⁽a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues0.

SCHEDULE D - PART 4

Show All Long-Term Bonds and Stocks Sold, Redeemed, or Otherwise Disposed of

by the Company During the Current Quarter

							Ny tii	COULLE	any Duni	ig the o	ull Clit &	uuitti									
1	2	3	4	5	6	7	8	9	10		Change in Bo	ok/Adjusted C	arrying Value		16	17	18	19	20	21	22
		l F l								11	12	13	14	15							
		,																			
		ا ي ا							Prior Year			Current Year's		Total	Dools!				Dand Intercet/		
		'												Total	Book/	l <u> </u>			Bond Interest/		
		e							Book/	Unrealized		Other Than	Total	Foreign	Adjusted	Foreign			Stock		NAIC
		i			Number				Adjusted	Valuation	Current Year's	Temporary	Change in	Exchange	Carrying Value	Exchange	Realized	Total	Dividends		Designation
CUSIP		l a l	Disposal	Name of	of Shares		Par	Actual	Carrying	Increase/	(Amortization)/	Impairment	B./A.C.V.	Change in	at Disposal	Gain (Loss)	Gain (Loss)	Gain (Loss)	Received	Maturity	or Market
Identification	Description	n	Date	Purchaser	of Stock	Consideration	Value	Cost	Value	(Decrease)	Accretion	Recognized		B./A.C.V.	Date	on Disposal	on Disposal	on Disposal	During Year	Date	Indicator (a)
			Duto	1 uronacoi	OI OLOGIC	Contractation	Valuo	0001	Value	(Booroado)	71001011011	rtooogriizou	(11 - 12 - 10)	D.,, c.o.v.	Dato	On Biopodai	On Biopodai	on Biopodai	During roar	Date	Indicator (a)
	J.S. Governments																				
3128PES33 .	Fed Hom Ln Mtg		03/17/2008 Pi		XXX	9,007	9,007.00				(93)		(93)		9,007				103		
31359MZT3 .	Fed Natl Mtg			aturity	XXX	300,000 .	300,000.00	299,428					12		300,000					01/15/2008	
31335HVE0 . 31392VKN1 .	Federal Home Loan		03/17/2008 Pi 03/17/2008 Pi		XXX	8,020 . 3,742 .	8,020.00 3,742.00				(127)			1						01/01/2023	
31392VKN1 .	FHR 2512		03/17/2006 Pi			3,742	2,070.00				(127) 13				2 083					02/15/2022	
31392HWD1 .	FNMA 2003	: : :		rincipal Receipt		4,086	4,086.00	12,210			(39)		(39)		4,086					09/25/2016	
31393DGS4 .	FNMA 2003			rincipal Receipt	XXX	17,951	17,951.00	25,241	18,137		(187)		(187)		17,951					02/25/2013	
31371MBN6 .	FNMA 255745		03/25/2008 Pi	rincipal Receipt	XXX	6,892 .	6,892.00	7,707	6,786				107		6,892				64	05/01/2025	5 1FE
0399999 Subto	tal - Bonds - U.S. Governments				XXX	351,781 .	351,768.00	380,802	351,851		(71)		(71)		351,781				7,375	. XXX.	x x x .
Ronde - 9	pecial Revenue, Special As	2000	ment																		1
			03/17/2008 Pi	insinal Dessial		F 660	E 669 00	E 740			(72)		(72)		F 660				25	00/45/0044	4 455
31395MH93 . 31395HW48 .	FHMLMC		03/17/2008 Pi		XXX	5,668 4,459 .	5,668.00 4.459.00				(73)									06/15/2014 10/15/2015	
	tal - Bonds - Special Revenue, Special Assess			· ·	XXX	10,127	10.127.00				(100)		(02)		,						-
					***	10,127	10,127.00	10,201			(135)		(133)		10,127				63	. XXX.	X X X .
Bonds - I	ndustrial and Miscellaneous	(Un	affiliated)																		
143658AV4	Carnival Corp	`	02/13/2008 V	arious	xxx	129,373 .	200,000.00	143,091	143,239		61		61		143,300		(13,927)	(13,927)	629	04/29/2033	3 1FE
	CMO JP Morgan		03/12/2008 Pi	rincipal Receipt	XXX	7,357 .	7,357.00	7,436			(76)		(76)		7,357				75	05/12/2034	4 1FE
	Electronic Data			arious	XXX	123,750 .	125,000.00	130,296	130,088		(16)		(16)		130,071		(6,321)	(6,321)			
564055AM3 .	Manor Care			arious	XXX	22,988 .	15,000.00	17,374			(1)		(1)		17,306	1	5,682	5,682		08/01/2035	
629568AL0 81211KAG5 .	Nabors Industries			arious	XXX	113,315 .	115,000.00	120,936	120,781		(9)		(9)		120,772	1	(7,457)	(7,457)		06/15/2023	3 1FE
872540AL3	TJX Cos Inc			arious		117,531 54,228 .	50,000.00										7,019	(4,525)		02/13/2021	
	Wyeth		01/09/2008 V	arious	XXX	122,393	115,000.00	125,998	125,477		(14)		(14)		125,462		(3,069)	(3,069)			
	tal - Bonds - Industrial and Miscellaneous (Una	affiliated			XXX	690,935 .	747,357.00	714,265	713,577		(42)		(42)		713,533		(22,598)	(22,598)			X X X .
			,		XXX	1,052,843 .	1,109,252.00	1,105,328	1,065,428		(248)		(248)		1,075,441		(22,598)	(22,598)	-,		X X X .
	nary Item from Part 5 for Bonds (N/A to Quarte				XXX	XXX	XXX	XXX	XXX	XXX	XXX	X X X	xxx	XXX	XXX	XXX	XXX	XXX	XXX	. XXX.	X X X .
6099999 Subto	tal - Bonds				xxx	1,052,843 .	1,109,252.00	1,105,328	1,065,428		(248)		(248)		1,075,441		(22,598)	(22,598)	14,073	. XXX.	x x x .
	Stock - Industrial and Misc								. , .		` '/		1				, , , , ,	,,			1
				arrinateu) arious	E40.000	70,000		E4 400	74.040	(47.047)			(47.047)		E4 400		04.000	04.000		,,,,	D41
G16962204	ŭ			arious	510.000			54,499		(17,347)			(17,347)		54,499		24,399	24,399		. XXX.	P1L
	tal - Preferred Stock - Industrial and Miscelland				XXX	78,899	X X X	54,499		(17,347)			(17,347)		54,499		24,399	24,399		. XXX.	X X X .
					XXX	78,899 .	XXX	54,499		(17,347)			(17,347)		54,499		24,399	24,399		. XXX.	X X X .
	nary Item from Part 5 for Preferred Stocks (N/A		*/		XXX	XXX	XXX	XXX	XXX	XXX	XXX	X X X	XXX	XXX	XXX	XXX	XXX	XXX	XXX	. XXX.	X X X .
	tal - Preferred Stock				XXX	78,899 .	XXX	54,499		(17,347)			(17,347)		54,499		24,399			. XXX.	X X X .
7299998 Summ	nary Item from Part 5 for Common Stocks (N/A	A to Qua	arterly)		XXX	X X X	X X X	XXX	XXX	XXX	XXX	X X X	X X X	XXX	XXX	XXX	XXX	XXX	XXX	. XXX.	X X X .
7399999 Subto	tal - Preferred and Common Stocks				XXX	78,899 .	XXX	54,499	71,846	(17,347)			(17,347)		54,499		24,399	24,399		. XXX.	x x x .
7499999 Total -	- Bonds, Preferred and Common Stocks				XXX	1,131,742 .	X X X	1,159,827	1,137,274	(17,347)	(248)		(17,595)		1,129,940		1,801	1,801	14,073	. XXX.	X X X .

⁽a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues0.

E06	Schedule DB Part A Section 1 NONE
E06	Schedule DB Part B Section 1
E07	Schedule DB Part C Section 1
E07	Schedule DB Part D Section 1

SCHEDULE E - PART 1 - CASH Month End Depository Balances

MONE	II EIIU D	epository B	aiaiices					
1	2	3	4	5	Book Balaı	nce at End of E	ach Month	9
					Duri	ing Current Qua	arter	
			Amount	Amount of	6	7	8	
			of Interest	Interest				
			Received	Accrued				
			During	at Current				
		Rate of	Current	Statement	First	Second	Third	
Depository	Code	Interest	Quarter	Date	Month	Month	Month	*
open depositories								
Northern Trust, New York, NY Money Market Account					731,952	731.952	341,181	xxx
Lasalle Bank, Trov. MI Money Market Account					173.159	173,478	173.618	XXX
Lasalle Bank, Troy, MI Concentration Account								
Lasalle Bank, Troy, MI Commercial Paper			35,890		500,509	536,241	548,747	X X X
Lehman Borthers Inc, 190 S.								
La Salle St., Chicago, IL 60603 Commercial Paper					469,597			xxx
Northern Trust, New York, NY Money Market Account							151,152	
0199998 Deposits in0 depositories that do not exceed the					,	,	,	
allowable limit in any one depository (See Instructions) - open depositories	XXX	X X X						xxx
0199999 Totals - Open Depositories	XXX		. 203,296				44,750,604	XXX
0299998 Deposits in0 depositories that do not exceed the								
allowable limit in any one depository (See Instructions) - suspended								
depositories	XXX	X X X						XXX
0299999 Totals - Suspended Depositories	XXX	X X X						XXX
0399999 Total Cash On Deposit	XXX	X X X	. 203,296		35,643,773	48,081,177	44,750,604	XXX
0499999 Cash in Company's Office	XXX	X X X	. X X X .	X X X				XXX
0599999 Total Cash	XXX	X X X	. 203,296		35,643,773	48,081,177	44,750,604	XXX
	•		•					

E09	Schedule E Part 2 Cash EquivalentsNONE
Supp1	Medicare Part D Coverage SupplementNONE
ACT	Actuarial StatementNONE
AEP	Amended ExplanationNONE

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